

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/889926

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1			1											
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50														
TOTAL IND.				2										
TOTAL DEP.				17										
TOTAL CLAIMS			19											

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS